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7590

08/02/2004

Michael M Rickin Esq
 ABB Automation Inc
 Legal Department-4U6
 29801 Euclid Avenue
 Wickliffe, OH 44092-1898

08/18/2004 HMEKONE1 00000009 050877 09639543

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Debra Rietze	(Depositor's name)
<i>Debra Rietze</i>	(Signature)
August 12, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/639,543	08/16/2000	Todd M. Hess	E005650	3090

TITLE OF INVENTION: SYSTEM AND METHOD FOR DYNAMIC MODELING, PARAMETER ESTIMATION AND OPTIMIZATION FOR PROCESSES HAVING OPERATING TARGETS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, HUGH M	2128	703-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael M. Rickin, Esq.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ABB Automation Inc.
 ABB AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wickliffe, Ohio U.S.A.
 Heidelberg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0877 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) *Michael M Rickin* (Date) 8/12/04

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